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AUTHOR Boyd, Vivian; And Others
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ABSTRACT

Many at-risk students fail to avail themselves of the resources provided for them by their universities. In the interest of academic retention, colleges and universities are taking an increasingly proactive stance and contacting at-risk students to offer them specific services. This study compared retention rates of at-risk college students (N=65) to whom assistance materials were mailed, at-risk students (N=60) who attended one workshop session in which the materials were given out, at-risk students (N=14) who attended two workshop sessions, and a comparison control group of at-risk students (N=49). All of the students were undergraduates above the freshman level. Materials provided included a checklist of causes of poor grades and a resource manual which described resources available on campus to help students overcome problems. The results indicated that students in the three treatment groups had higher retention rates than students in the control group. There was a slight tendency for the rates of persistence in good standing to be higher for the treatment groups than for the control group. The findings suggest the diagnostic and prescriptive workshop may be more effective for freshmen and sophomores than for upperclassmen since freshmen and sophomores have more semesters in which to make academic improvement. (ABL)

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Diagnostic and Prescriptive Group Interviews for Nonfreshmen in Academic Jeopardy

Research Report # 10-89

The Counseling Center Retention Study Group*

Vivian Boyd, Steven Carstens, Patricia Hunt
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Diagnostic and Prescriptive Group Interviews for Non-freshmen in Academic Jeopardy

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The University of Maryland College Park

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Summary

In the Fall semester of 1986, 74 degree-seeking undergraduates above the freshman level whose cumulative grade point average was less than 2.0 -- the minimum needed to graduate -- were invited to participate in a two-session diagnostic and prescriptive self-help program designed to help them evaluate their academic situation and determine what positive course of action should be taken. Of those invited, 60 students attended only the first session of the workshop; 14 participated in the initial session and returned two weeks later for the followup session as well. To test the efficacy of the workshop experience as opposed to just the materials used, an additional 65 non-freshmen with a cumulative GPA of less than 2.0 were sent the materials used at the workshop, with an explanatory cover letter in lieu of the workshop experience.

For the four post-treatment semesters studied, students in the three treatment groups had higher retention rates than students in the comparison group. Further, there was a slight tendency for the rates of persistence in good standing to be higher for the treatment groups than for the comparison group.

Looking just at students who were sophomores at the time of intervention, there were statistically significant differences in their retention rates between those exposed to the Problem Checklist and Resource Manual either directly or by mail. Students who showed for a single session of the two session workshop also had significantly higher rates of retention in good standing than did the nontreatment group.

These findings suggest that while the diagnostic and prescriptive workshop may be an effective retention intervention, it is more effective for freshmen and sophomores where the minimum cumulative grade point average needed to avoid academic dismissal is lower than it is for upperclass level students. Consequently lowerclassmen have more semesters than upperclassmen in which to make academic improvement.

Diagnostic and Prescriptive Group Interviews for Non-freshmen in Academic Jeopardy

The Counseling Center Retention Study Group*
The University of Maryland College Park

In the interest of academic retention, colleges and universities are taking an increasingly proactive stance, whereby the institution takes the initiative and contacts academically at-risk students to offer them specific services (Glennon, 1976; Himelstein & Himelstein, 1977; Hudesman, Avramides, Loveday, Waber, & Wendell, 1983; Landward & Hepworth, 1984; Letchworth & Bleidt, 1983; Retention Study Group, 1986, 1987, 1988; Romano & Young, 1981; Tata, 1981; Triccmi, Donaruma, Dugan, & Cuevas, 1982.

Proactive retention interventions in which the contact with the student was made by mail and/or telephone (Letchworth & Bleidt, 1983; Tata, 1981) show no impact on GPA or on student persistence when compared with a nontreatment control group. Interventions which require at-risk students to participate in a semester-long academic skills program (Himelstein & Himelstein, 1977; Landward & Hepworth, 1984) show positive effects on GPA for the semester of intervention but these effects are not durable and seem only to delay attrition.

* Vivian Boyd, Steven Carstens, Patricia Hunt, Stanley Hunt, Jean McDevitt, Thomas Magoon

Individual diagnostic and prescriptive interviews with at-risk freshmen (RSG, 1986; Warman, 1983) show a positive effect on persistence and on academic performance for longer than the semester of intervention. However, such interventions would be quite costly in terms of professional staff time if done in individual sessions on a large scale.

A recent study (Retention Study Group, 1988) examining the effectiveness of a diagnostic and prescriptive interview done in group format with groups of up to ten commuting sophomores in academic jeopardy (i.e., with a cumulative GPA of less than 2.0) showed a positive effect on academic persistence and academic performance, as compared with a nontreatment comparison group.

The present study is a modified replication of the 1988 study, designed to examine the effectiveness of an enhanced diagnostic and prescriptive group information session for degree-seeking non-freshman undergraduates in academic jeopardy.

METHOD

In the Fall semester of 1986, a list was generated of degree-seeking undergraduates who were above the freshman level whose cumulative grade point average was between .001 and 1.99. Those students who had participated in other Retention Study Group interventions or who had no local address and/or phone number were excluded. A nontreatment comparison group (n=49) was randomly selected from the list. The remaining students were sent an invitational letter from

the Undergraduate Dean, expressing concern at the student's academic performance, recommending consultation with an advisor or faculty member, and suggesting that the student return the enclosed postcard as an indication of interest in participating in the Counseling Center's self-help program designed to help students evaluate their academic situation and determine what positive course of action should be taken. The postcard listed the times of the group sessions and asked the student to rank-order the best five times.

Incentives for participation were the letter with the Dean's signature encouraging participation, and the opportunity to improve academic performance and hence chances for graduating.

Randomly selected students who did not return the postcard were contacted by phone to encourage participation, and were signed up if they showed interest.

The diagnostic and prescriptive group format was similar to that used with commuting sophomores (Retention Study Group, 1988) in which, after a discussion of barriers to academic success, students completed a problem checklist to help them diagnose the causes of their academic situation, and then used the UMCP Resource Manual, which is keyed to the problem checklist, to identify campus resources appearing to offer the best help in reducing or eliminating the self-diagnosed barriers to academic success. However, the workshop was enhanced by a strong self-efficacy and attribution message. That is, students were told that they had taken the first step in taking control of their academic situation by

showing up for the session. Furthermore, they were told that by completing the Problem Checklist (Warman, 1983) and using the Resource Manual, they were taking the positive step of problem identification; and that by filling out an Academic Improvement Plan, on which they recorded some initial steps toward contacting the resources identified, they were indicating a personal pact to assume mastery of their academic situation.

Students were asked to return for a followup session scheduled for two weeks after the initial session, at which time they completed an evaluation questionnaire and discussed their experiences with the steps defined by their Academic Improvement Plan. A major objective of the followup session was to reinforce the concept that they were assuming control of their academic situation and they would have to deal patiently and creatively with the frustrations and unpredictability inherent in a large university system.

In order to assess the effect on retention of the workshop itself as opposed to the materials presented at the workshop, a subgroup of 65 at-risk non-freshmen students were mailed a packet which consisted of the Problem Checklist, the Resource Manual, and a letter which described how these materials could be useful in confronting the obstacles to academic success. This mailing was in lieu of the diagnostic and prescriptive workshop.

Outcome Variables

There were two outcome variables studied to determine

the effect of the intervention on retention rates:

(1) academic retention, defined as registered for a given semester, or graduated;

(2) academic retention in good standing, defined as entering a given semester (or graduated) with no academic action taken as a result of the previous semester.

All data concerning registration status and academic action were obtained from University records.

RESULTS

A total of 60 students participated only in the first session of the group workshops, and are identified in the analyses as the single session group. Fourteen students participated in both the initial and the followup sessions and are identified in the analyses as the two session group.

There were no statistically significant differences in class level among the students in the nontreatment comparison group and those in the single session group, the two session group, and the Resource Manual-only group, at the $p<.05$ level, using the chi square statistic. As can be seen in Table 1, approximately two-thirds of each group were sophomores. Recall that the target population was degree-seeking undergraduates above the freshman level whose cumulative grade point average was between .001 and 1.99.

Table 1.

Class Level by Group Type

	Group			
	Two Session (n=14) %	Single Session (n=60) %	Resource Manual (n=65) %	Nontreatment Comparison (n=49) %
Sophomore	57	64	63	63
Junior	36	31	34	31
Senior	7	5	3	6

While the retention rates for all the groups declined over the years, students who had exposure to the Problem Checklist and Resource Manual, either in group format or by mail, persisted (or graduated) in slightly greater proportions than did students in the nontreatment comparison group. This is true for the four semesters after intervention.

Further, while there were no statistically significant differences in the rates of academic retention in good standing between any of the treatment groups and the nontreatment comparison group, there was a tendency for the retention in good standing rates of the nontreatment comparison group to be lower than those of the three treatment groups.

Because almost two-thirds of the students in the treatment groups and in the control group were sophomores at the time of the intervention, and hence had more time in which to improve their academic standing than did juniors and

seniors, the outcome variables just for sophomores were examined to see if students in academic jeopardy who were exposed to the Problem Checklist and Resource Manual during their sophomore year were more likely than the control group to persist and to do so in good standing.

Table 2 shows the academic retention rates of the students who were sophomores at the time of the intervention.

Table 2.

Academic Retention by Group Type

	Group							
	Two Sessions		Single Session		Resource Manual		Nontreatment Comparison	
	(n=8)		(n=38)		(n=41)		(n=31)	
	n	%	n	%	n	%	n	%
S '87	7	88	32*	84	33*	80	18	58
F '87	7*	88	28*	74	27	66	15	48
S '88	7*	88	26*	68	24	58	12	39
F '88	6	75	24	63	20	49	13	42

* $p < .05$

The retention rates of the two treatment groups who participated in at least one group session were significantly higher than for the nontreatment group, for three semesters after the intervention. Those receiving the diagnostic and prescriptive material by mail had significantly higher retention rates than the nontreatment group only for the first semester after the intervention, although their retention rates continued to be higher than the nontreatment group's for all the semesters analysed.

Table 3 shows the rates of academic retention in good standing, only for those students who were sophomores at the time of the intervention.

Table 3.

Retention in Good Standing by Group Type

	Group							
	Two Sessions (n=8)		Single Session (n=38)		Resource Manual (n=41)		Nontreatment Comparison (n=31)	
	n	%	n	%	n	%	n	%
S '87	3	38	17	45	20	49	10	32
F '87	3	38	21	55*	17	42	9	29
S '88	4	50	25	66**	21	51	10	32
F '88	5	62	23	60*	16	39	10	32

* $p < .05$
** $p = .005$

For three of the four semesters after intervention, students who participated in (only) one session of the diagnostic and prescriptive workshop had significantly higher rates of retention in good standing than the nontreatment group. While the rates of the other two treatment groups were higher than the nontreatment group's, those differences were not statistically significant.

DISCUSSION

The present study was a replication with modifications of a diagnostic and prescriptive workshop retention intervention offered in 1986 to commuting sophomores in academic jeopardy (Retention Study Group, 1988). That study showed that students who participated in the diagnostic and prescriptive workshop persisted at significantly higher rates

than students in the nontreatment comprison group, and that this trend, although thereafter not statistically significant, continued for the two post-treatment years studied.

The results of the present study reinforce the existence of this trend. While most of the findings did not achieve statistical significance when all the participating students were included in the analyses, regardless of their class level at the time of the intervention, students who were exposed to the treatment materials, either through the workshop experience or by mail, were more likely than students in the nontreatment group to persist at UMCP.

The fact that the results generally were not statistically significant was disapppointing. However, the target population for the present study was nonfreshmen in academic jeopardy, and was comprised of slightly less than 2/3 sophomores (62%), one third juniors, and the rest seniors. While juniors and seniors have more invested in their education, both financially and in terms of time, than do sophomores, and hence have more to lose with academic dismissal, upperclass level students under a 2.0 cumulative grade point average are more vulnerable to academic dismissal than are sophomores in a similar situation since the minimum grade point average needed to avoid academic dismissal is based on the individual student's credit level. In other words, a student with under 57 credit hours earned needs a minimum grade point average of 1.63 to avoid dismissal, while

a student with 75 or more credits earned needs a grade point average of 1.94 to avoid dismissal.

Analysis of the outcome variables for students who were in their sophomore year at the time of the diagnostic and prescriptive intervention suggests that a diagnostic and prescriptive group workshop approach might be a more successful retention intervention for lowerclassmen, where the minimum required cumulative grade point average is lower and therefore where there are more remaining semesters for academic improvement.

It is unfortunate that the number of students who showed for the second session was too small to support generalizations about any added impact of a second session on retention rates and academic performance. However, students who showed for only one session of the two session workshop did significantly better than the nontreatment group which suggests that the diagnostic and prescriptive workshop should perhaps be designed as a one session workshop. It is not clear that followups, while helpful to those offering the workshop, have an effect on retention rates. Further studies with a larger n would clarify this ambiguity.

The materials used in the workshop have some impact on their own, without the attribution and mastery effects of the group meeting. However, the effect of the problem checklist and Resource Manual, when mailed to students, is seen to dissipate after one or two semesters, leaving even the sophomores about as vulnerable to attrition as the non-contacted sample. The extra cost of recruiting students for a

one-session group workshop seems well worth the investment in assisting vulnerbale students to increase their academic persistence

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